

ZONING TEXT CHANGE

PCR #_____ Date _____

City of Williamsburg 401 Lafayette Street Williamsburg, VA 23185-3617 (757) 220-6130 FAX: (757) 220-6130

Applicant	Representative		
Address	Address		
City, State, Zip	City, State, Zip	City, State, Zip	
Phone/Fax Number	Phone/Fax Number		
E-mail			
I/We, hereby petition the Williamsburg C Ordinance as stated below:	ity Council to amend the text of the Wil	liamsburg Zoning	
	Signature of Applicant	Date	
Sworn before me this day of	Printed Name of Applicant, 20	_	
Notary ************************************	************		
**************************************	***********	*******	
************* Planning Commission Public Hearing		******	
Planning Commission Action:			
**************************************		Action Date *******	
City Council Action:			
		Action Date	